


RECEIVED
100-0000COOK COUNTY
GENERAL 3012

MAY 07 1984

05/11
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POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION	
		01 STATE	02 SITE NUMBER
		IL	D 98164-1870
II. SITE NAME AND LOCATION			
01 SITE NAME (Legal, common, or descriptive name of site)		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER	
SAUK VILLAGE		21737 GAILINE	
03 CITY	04 STATE	05 ZIP CODE	06 COUNTY
SAUK VILLAGE	IL	60411	COOK
07 COUNTY CODE		08 CONG DIST	
031		7	
09 COORDINATES LATITUDE		LONGITUDE	
41 29 35		87 33 40	
10 DIRECTIONS TO SITE (Starting from nearest public road)			
394 S - E on SAUK TRAIL - LEFT AT LIGHT RIGHT ON 218 th ST. - LEFT ON GAILINE			
III. RESPONSIBLE PARTIES			
01 OWNER (If known)		02 STREET (Business, mailing, residential)	
UNKNOWN		21737 GAILINE	
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
SAUK VILLAGE	IL	60411	() UNKNOWN
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)	
SAME			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
			()
13 TYPE OF OWNERSHIP (Check one)			
<input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL			
<input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)			
<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE			
IV. CHARACTERIZATION OF POTENTIAL HAZARD			
01 ON SITE INSPECTION		BY (Check all that apply)	
<input type="checkbox"/> YES DATE _____ MONTH DAY YEAR		<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR	
<input checked="" type="checkbox"/> NO		<input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)	
CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one)		03 YEARS OF OPERATION	
<input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		BEGINNING YEAR _____ ENDING YEAR _____	
		<input checked="" type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED			
NONE KNOWN OF			
EPA Region 5 Records Ctr.			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION			
NONE KNOWN OF			
335347			
V. PRIORITY ASSESSMENT			
01 PRIORITY FOR INSPECTION (Check one If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)			
<input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
VI. INFORMATION AVAILABLE FROM			
01 CONTACT		02 OF (Agency/Organization)	
BOONIE ELEDER		IEPA	
03 TELEPHONE NUMBER			
(312) 345-9780			
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	
BOONIE ELEDER		IEPA	
06 ORGANIZATION		07 TELEPHONE NUMBER	
		(312) 345-9780	
08 DATE			
2, 1984			
MONTH DAY YEAR			

01 STATE	02 SITE NUMBER
7 L	0980674846



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IL D 930674

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____

(Acres)

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE IL 02 SITE NUMBER D98067-20

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)
03 POPULATION POTENTIALLY AFFECTED _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

ADDRESS GIVEN FOR SITE IS OF A PRIVATE HOME
NO INFO. AVAILABLE

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)



TO: Division File DATE: 2.28.84
FROM: B. Elder ☒ Information only
SUBJECT: ILD980677876 L03100000 Cook Co. ☐ Response requested
Sauk Village/Sauk Village

A preliminary assessment has been completed for the above named site. The site's location is that of a fairly new private home. No information could be obtained concerning the site. Thus, its priority ~~the~~ assessment was rated as "none".